

JBI Medical Plan Comparison Effective 9/1/2024	Based on 26 pay periods			
	Gold		Silver	
EE Contributions (Per Pay Period/ MDV)	Current (G652CHC) - 820	New (G652CHC) - 820	Current (S665CHC) - 834	New (S665CHC) - 834
Employee Only	\$107.14	\$114.26	\$57.87	\$62.51
Employee + Spouse	\$310.07	\$332.03	\$211.53	\$228.52
Employee + Child(ren)	\$313.78	\$335.78	\$215.24	\$232.27
Employee + Family	\$521.44	\$558.33	\$373.63	\$403.06

In Network Benefits	Current (G652CHC) - 820	New (G652CHC) - 820	Current (S665CHC) - 834	New (S665CHC) - 834
Deductible (Family)	\$1,500 (\$4,500)	\$1,500 (\$4,500)	\$3,250 (\$9,750)	\$3,500 (\$10,500)
Primary Care Visit / Specialist Copay	\$40 / \$80	\$45 / \$90	\$50 / \$80	\$50 / \$90
Coinsurance % Plan (You)	80% (20%)	80% (20%)	60% (40%)	60% (40%)
Out of Pocket Max (Family)	\$5,000 (\$10,000)	\$5,250 (\$10,500)	\$8,550 (\$17,100)	\$9,000 (\$18,000)
Lab / Xray	80% after deductible	80% after deductible	40% after deductible	40% after deductible
Imaging (CT, MRI)	\$250 no deductible	\$300 no deductible	40% after deductible	40% after deductible
Inpatient Hospital	80% after deductible	80% after deductible	\$250, then deductible / 40%	\$250, then deductible / 40%
Outpatient Surgery	80% after deductible	80% after deductible	\$200, then deductible / 40%	\$200, then deductible / 40%
Urgent Care Visit Copay	\$100	\$100	\$100	\$100
Emergency Room Care	\$500, then deductible / 20%	\$500, then deductible / 20%	\$500, then deductible / 40%	\$500, then deductible / 40%
Pharmacy Network (Preferred Pharmacy in Network (PPN) / Non-Preferred Pharmacy in Network)	Locate a Preferred Pharmacy in Network (PPN) at www.myprime.com Preferred Pharmacy in Network (PPN): Walgreens, Walmart, Tom Thumb, & HEB			
Preferred Generic	\$0 / \$10	\$0 / \$10	\$0 / \$10	\$0 / \$10
Non-Preferred Generic	\$10 / \$20	\$10 / \$20	\$10 / \$20	\$10 / \$20
Preferred Brand Name	\$50 / \$70	\$50 / \$70	\$50 / \$70	\$50 / \$70
Non-Preferred Brand Name	\$100 / \$120	\$100 / \$120	\$100 / \$120	\$100 / \$120
Specialty (Preferred Specialty)	\$150	\$150	\$150	\$150
Non-Preferred Specialty	\$250	\$250	\$250	\$250
Mail Order	\$0/\$30/\$150/\$300	\$0/\$30/\$150/\$300	\$0/\$30/\$150/\$300	\$0/\$30/\$150/\$300

Out of Network Benefits (Subject to Allowable Amount)	Current (G652CHC) - 820	New (G652CHC) - 820	Current (S665CHC) - 834	New (S665CHC) - 834
Deductible (Family)	\$3,000 (\$9,000)	\$3,000 (\$9,000)	\$6,500 (\$19,500)	\$7,000 (\$21,000)
Out of Pocket Max (Family)	Unlimited - NA	Unlimited - NA	Unlimited - NA	Unlimited - NA
Coinsurance % Plan (You)	60% (40%)	60% (40%)	60% (40%)	60% (40%)
Inpatient Hospital	deductible / 60%	deductible / 60%	\$350, then deductible / 60%	\$350, then deductible / 60%
Outpatient Surgery	deductible / 60%	deductible / 60%	\$300, then deductible / 60%	\$300, then deductible / 60%